

Date of Notification (1) 04/05/16		Name of Building Owner/Operator (2) Heraeus Precious Metals	
Agencies Notified	Type Notification	Street Address 65 Euclid Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Newark, NJ 07105	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Daniel Rodrigues	973-817-7878
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Heraeus Precious Metals		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 65 Euclid Avenue		Square Feet 9,000	# of Floors 1
City (5) Newark, NJ 07105		Bldg. Age 60	Current Use (Prior if being demolished) Production Building
County (6) Essex	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 180 Sargeant Avenue	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 973-614-0377	License Number 00807
Scheduled Start Date (10) 04/15/16	Sched. Completion Date (11) 04/18/16	Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
		City, State, Zip Code Clifton, NJ 07013	

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E	
Storage Room		<input checked="" type="checkbox"/>		Transide Panels from three walls	600 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 4/5/16

Date of Notification (1) <u>0</u> <u>4</u> / <u>0</u> <u>5</u> / <u>1</u> <u>6</u>		Name of Building Owner/Operator (2) Heraeus Precious Metals	
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County (6) Essex			Bldg. Age 60		
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Scheduled Start Date (10) <u>0</u> <u>4</u> / <u>1</u> <u>5</u> / <u>1</u> <u>6</u>			Sched. Completion Date (11) <u>0</u> <u>4</u> / <u>1</u> <u>8</u> / <u>1</u> <u>6</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Four Strong Builders, Inc.		
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